

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90066 013 ***150.00

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DOCUMENT # 250184 1. Entity Name STITT RANCH, INC.																																																																																																																																						
Principal Place of Business 4513 W. US HIGHWAY 27 CLEWISTON, FL 33440			Mailing Address 4513 W. US HIGHWAY 27 CLEWISTON, FL 33440																																																																																																																																			
2. Principal Place of Business			3. Mailing Address																																																																																																																																			
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Zip		Country		Zip																																																																																																																																		
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6. Name and Address of Current Registered Agent STITT, JOHN M 4513 W. US HIGHWAY 27 CLEWISTON, FL 33440				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																																																																																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																						
SIGNATURE: _____ 2-13-06 2578608816 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																						